

**(18) # of IADL Impairments**

Required field for the following services: in-home aide, senior companion, skilled home (health) care, **home-delivered meals, home-delivered supplemental meals**, group respite, adult day care, adult day health care, and care management.

Ask the client (or caregiver, if appropriate) if they can perform the following activities without help, meaning they can perform the task without personal or stand-by assistance, supervision, or cues.

Can you carry out the following tasks without help?

Prepare meals	Yes___ No___
Shop for personal items	Yes___ No___
Manage your own medications	Yes___ No___
Manage your own money (e.g. pay bills)	Yes___ No___
Use the telephone properly	Yes___ No___
Do heavy housework	Yes___ No___
Do light housework	Yes___ No___

Score:

["No" = an impairment in one of the Instrumental Activities of Daily Living (IADLs)]

0 = no "no" answers

1 = 1 "no" answer

2 = 2 "no" answers

3 = 3 or more "no" answers

Score to enter on CRF

# 18 = \_\_\_\_\_

**(19) # of ADL Impairments**

Required field or the following services: in-home aide, senior companion, skilled home (health) care, **home-delivered meals, home-delivered supplemental meals**, group respite, adult day care, adult day health care, and care management.

Ask the client (or caregiver, if appropriate) if they can perform the following activities without help, meaning they can perform the task without personal or stand-by assistance, supervision, or cues.

Can you carry out the following tasks without help?

Eat	Yes___ No___
Get dressed	Yes___ No___
Bathe yourself	Yes___ No___
Use the toilet	Yes___ No___
Get In and out of bed	Yes___ No___

Score:

["No" = an impairment in one of the Activities of Daily Living (ADLs)]

0 = no "no" answers

1 = 1 "no" answer

2 = 2 "no" answers

3 = 3 or more "no" answers

Score to enter on CRF

# 19 = \_\_\_\_\_

**(20) Nutrition Health Score**

Required field for **congregate meals, congregate supplemental meals, home-delivered meals, home-delivered supplemental meals**, and care management. For each "Yes" response, circle the score to the right. Questions are designed to be asked in their entirety, not in parts.

Do you have an illness or condition that made you change the kind and/or amount of food you eat? ..... 2

Do you eat fewer than 2 meals per day? ..... 3

Do you eat few fruits or vegetables, or milk products? ..... 2

Do you have 3 or more drinks of beer, liquor, or wine almost every day? ..... 2

Do you have tooth or mouth problems that make it hard for you to eat? ..... 2

Are there times that you do not always have enough money to buy the food you need? ..... 4

Do you eat alone most of the time? ..... 1

Do you take 3 or more different prescribed or over-the-counter drugs a day? ..... 1

Have you lost or gained 10 pounds in the last 6 months without trying? ..... 2

Are there times when you are not always physically able to shop, cook, and/or feed yourself? ..... 2

Total points for "yes" responses = \_\_\_\_\_ points

Score:

1 = 0 - 2 points for "yes" responses

2 = 3 - 5 points for "yes" responses

3 = 6 or more points for "yes" responses

4 = Client refuses to answer questions

Score to enter on CRF

# 20 = \_\_\_\_\_

**(21) Overall Functional Status**

REQUIRED ENTRY - If scores have been entered for questions 18 & 19, ARMS will automatically compute the entry for this field. If scores for # 18 and #19 have not been entered, you must complete this field on the Client Registration Form. Score clients as Well, At Risk, or High Risk (Frail).

(a) Can you manage your daily chores? (for example, prepare meals, do housework, shop, take medicine, use transportation)  
Yes\_\_\_ No\_\_\_

If "yes", do not ask questions b - g. Enter a "1" score for well status.

If "no", continue with questions b - g.

Score:

1 = well = 0 "Require Assistance"

2 = at risk = 1 - 2 "Require Assistance"

3 = high risk = 3 or more "Require Assistance"

Score to enter on CRF  
(if not automatically calculated)

# 21 = \_\_\_\_\_

		Without Assistance	Require Assistance
(b)	Can you feed yourself?		
(c)	Can you take a shower or bath?		
(d)	Can you dress yourself		
(e)	Can you move about your house?		
(f)	Can you use the bathroom?		
(g)	Can you get in/out of bed?		

*Without Assistance* = client can perform the activity independently.  
*Require Assistance* = client requires hands-on care, supervision, or cueing.

Examples:

- Hands on care - client requires assistance such as taking a bath.
- Supervision - client requires oversight while learning to walk with a new assistive device.
- Cueing - client (such as a person with Alzheimer's) needs to be reminded when to eat.